

Kaiser Permanente 2025 sample fee list¹

What's a sample fee list?

A sample fee list can help you understand your health care costs by showing the estimated amount you may pay for certain services.² Keep in mind that this list doesn't include costs for hospital services, and the amount you're ultimately charged may vary based on the care you receive, the type of facility you visit, your plan details, and whether you've reached your deductible.

Get a cost estimate

If you're a member, it's easy to get a sense of costs before you get care. Visit **kp.org** to get a personalized estimate based on your plan benefits.

How can I use the list?

The sample fee list can help you:

- Choose the right Kaiser Permanente deductible HMO plan during open enrollment
- Estimate what you'll pay for services before you reach your deductible
- Identify preventive care services, most of which are covered at no cost (visit **kp.org/prevention** for a full list)
- Estimate how much to contribute to a flexible spending account (FSA) or health savings account (HSA) connected to your plan, based on the care you expect to receive

What happens after I reach my deductible?

If your plan has a deductible, you'll typically pay the full charge for covered services until you reach a set amount known as a deductible. Then you'll start paying less – a copay or a percentage of the charges (called a coinsurance) for the rest of the year. (Depending on your plan, you may pay copays or coinsurance for some services without having to reach your deductible.)

This means that for some services, you may pay less than the estimated fees shown on the sample fee list after you reach your deductible. Here are some examples:

Service	Estimated fees	What you pay before reaching deductible	What you pay after reaching deductible ³
X-ray of both knees	\$115	Full charges: \$115	Copay or coinsurance (e.g., \$20 or 20% of estimated fee [\$21.00])
Ultrasound of pelvis	\$300	Full charges: \$300	Copay or coinsurance (e.g., \$50 or 20% of estimated fee [\$62.20])
Stress test	\$263	Full charges: \$263	Copay or coinsurance (e.g., \$50 or 20% of estimated fee [\$46.20])

Have questions?

If you want more information or have questions about a service that's not listed, please call the number on your Kaiser Permanente ID card.

1. The estimated fees in this sample fee list are valid as of January 1, 2025, and may change without notice. This sample fee list only applies to members who get medical services from Kaiser Permanente facilities. **2.** Professional services are usually received at a medical office, including doctor's office visits, lab tests, and X-rays. They may also include physician-related services provided in a hospital.

The amount you're actually charged may be different depending on the care you get, the type of facility you visit, your plan details, and whether you've reached your deductible.

If your health benefits are self-insured by your employer, union, or Plan sponsor, Kaiser Permanente Insurance Company provides certain administrative services for the Plan and is not an insurer of the Plan or financially liable for health care benefits under the Plan.

SERVICE	ESTIMATED FEES
Office visits	
New patient visit, level 2*	\$158
New patient visit, level 3*	\$242
New patient visit, level 4*	\$362
New patient visit, level 5 (high severity)*	\$476
Established patient visit, level 1 (low severity)*	\$52
Established patient visit, level 2*	\$124
Established patient visit, level 3*	\$198
Established patient visit, level 4*	\$278
Established patient visit, level 5 (high severity)*	\$390
Office visits (preventive)	
Well-baby office visit, new patient (under 1 year)*	\$246
Well-child office visit, new patient (1 to 4 years)*	\$257
Well-child office visit, new patient (5 to 11 years)*	\$266
Well-child office visit, new patient (12 to 17 years)*	\$298
Well-adult office visit, new patient (18 to 39 years)*	\$290
Well-adult office visit, new patient (40 to 64 years)*	\$333
Well-adult office visit, new patient (65 and older)*	\$361
Well-baby office visit, established patient (under 1 year)*	\$221
Well-child office visit, established patient (1 to 4 years)*	\$235
Well-child office visit, established patient (5 to 11 years)*	\$234
Well-child office visit, established patient (12 to 17 years)*	\$255
Well-adult office visit, established patient (18 to 39 years)*	\$261
Well-adult office visit, established patient (40 to 64 years)*	\$277
Well-adult office visit, established patient (65 and older)*	\$298
Specialist consultations	
Specialist visit, long*	\$357
Specialist visit, short*	\$169
Specialist visit, typical*	\$251
Psychotherapy visits	
Group psychological therapy	\$55
Therapy	\$207

Your actual costs may vary

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*Depending on your plan, these services may be preventive and covered at no cost or at a copay. For more information, see your *Evidence of Coverage* or *Summary Plan Description*.

These estimated fees are valid starting January 1, 2025, and may change without notice.

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SERVICE	ESTIMATED FEES
Eye examinations	
Eye exam, routine visit, new patient*	\$163
Eye exam and treatment, new patient	\$284
Eye exam, routine visit, established patient*	\$171
Eye exam and treatment, established patient	\$241
Eye exam, refraction	\$35
Vision screening test*	\$13
Hearing services	
Comprehensive audiometry evaluation*	\$130
Ear cleaning	\$141
Eardrum test	\$59
Hearing screening test (pure tone, air only)	\$48
Physical therapy services	
Electric stimulation therapy, treatment only	\$27
Physical therapy evaluation*	\$219
Physical therapy exercises, treatment only*	\$64
Physical therapy, hot and cold application, treatment only*	\$14
Physical therapy, ultrasound, treatment only	\$31
Vaccines and other injections	
Allergy shot	\$39
Chicken pox vaccine*	\$209
Diphtheria, tetanus booster vaccine*	\$58
Diphtheria, tetanus, pertussis vaccine*	\$71
Flu shot, (6 months and older)	\$63
Hepatitis B vaccine*	\$197
Measles, mumps, and rubella vaccine*	\$142
Polio vaccine*	\$81
Therapeutic, prophylactic, or diagnostic injection (administration only, does not include medication)*	\$52
Therapeutic, prophylactic, or diagnostic intra-arterial injection (administration only, does not include medication)*	\$69

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SERVICE	ESTIMATED FEES
Tests and procedures	
Breathing capacity test	\$102
Breathing treatment	\$30
Colonoscopy and removal of abnormal tissue using cautery	\$1,454
Colonoscopy and removal of abnormal tissue using snare technique	\$1,343
Colonoscopy and removal of colon tissue for examination	\$1,293
Diagnostic colonoscopy*	\$1,008
Diagnostic proctosigmoidoscopy*	\$386
Diagnostic sigmoidoscopy	\$564
Draining fluid from around swollen joint	\$192
Electrocardiogram (EKG)	\$52
Electromylogram (EMG), one extremity	\$414
Fetal monitoring*	\$143
Incisional biopsy of skin (e.g., wedge), single lesion	\$468
Incisional biopsy of skin, each additional lesion within same visit	\$213
LEEP procedure	\$923
Punch biopsy of skin, single lesion	\$377
Punch biopsy of skin, each additional lesion within same visit	\$179
Removal of abnormal areas of skin	\$20
Sigmoidoscopy and removal of tissue for examination*	\$868
Stress test	\$263
Surgically destroying an abnormal area of skin	\$202
Tangential biopsy of skin (e.g., shave, scoop, saucerize, curette), single lesion	\$303
Tangential biopsy of skin, each additional lesion within same visit	\$151
Ultrasound test of heart	\$506
Vasectomy*	\$997

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SERVICE	ESTIMATED FEES
X-rays, CT scans, and other imaging studies	
CT scan of chest, including dye*	\$616
CT scan of pelvis, including dye	\$842
CT scan of pelvis, without dye	\$488
CT scan of sinus and nasal passages	\$639
CT scan of stomach area, with dye	\$860
CT scan of stomach area, without dye	\$500
Mammogram, diagnostic (one view)	\$357
Mammogram, diagnostic (two views)	\$452
Mammogram (screening)*	\$365
MRI brain stem with contrast	\$1,001
MRI cardiac with, without contrast with stress	\$1,566
MRI neck with contrast	\$912
Pregnancy ultrasound	\$408
Review of CT scan of the head or brain	\$389
Ultrasound of pelvis	\$300
Ultrasound of stomach area*	\$330
Vaginal ultrasound	\$340
X-ray of ankle	\$92
X-ray of ankle (complete)	\$105
X-ray of both knees	\$115
X-ray of chest (one view)	\$73
X-ray of chest (two views)	\$96
X-ray of finger	\$110
X-ray of foot (complete)	\$98
X-ray of hand (complete)	\$107
X-ray of knee (complete)	\$136
X-ray of stomach area (complete)	\$142
X-ray of wrist (complete)	\$119

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SERVICE	ESTIMATED FEES
Laboratory tests	
Albumin test	\$11
Alkaline phosphatase test	\$11
Allergy test	\$11
ALT test	\$11
Amylase test	\$14
AST test	\$11
Bilirubin test (total)	\$11
Blood antibody test*	\$9
Blood clotting test	\$9
Blood sugar test, diagnostic*	\$8
Blood sugar test, monitoring	\$21
Calcium test (total)	\$11
Cholesterol level test	\$9
Complete blood count*	\$17
Creatinine test*	\$11
Hepatitis B surface antigen test*	\$22
Hepatitis C test*	\$31
Kidney function test	\$8
Laboratory chemistry test for creatine kinase	\$14
Lipid panel test*	\$29
Magnesium test	\$14
Pap test, cervical cancer screening*	\$59

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